

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

2800 Shirlington Rd

Suite 1200

Check if different
than previously
reported. (ACC)

Arlington

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gross, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2020 To: M M / D D / Y Y Y Y 09 / 30 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2020		1080829.04
(b) Cash on Hand at Beginning of Reporting Period.....	8132883.76	
(c) Total Receipts (from Line 19)	714212.94	8564873.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8847096.70	9645702.80
7. Total Disbursements (from Line 31).....	2514657.08	3313263.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6332439.62	6332439.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	125774.99	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 09 / 01 / 2020

To:

 M M / D D / Y Y Y Y
 09 / 30 / 2020
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

652367.50

8373974.12

(ii) Unitemized

36568.77

139741.34

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

688936.27

8513715.46

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

688936.27

8513715.46

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

25276.67

25276.67

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

25881.63

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

714212.94

8564873.76

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

714212.94

8564873.76

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	281251.70	681447.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	281251.70	681447.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100000.00	100000.00
24. Independent Expenditures (use Schedule E)	2029015.90	2422421.27
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	35.00	40.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	35.00	40.00
29. Other Disbursements (Including Non-Federal Donations).....	104354.48	109354.48
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2514657.08	3313263.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2514657.08	3313263.18

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	688936.27	8513715.46
34. Total Contribution Refunds (from Line 28(d))	35.00	40.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	688901.27	8513675.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	281251.70	681447.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	25276.67	25276.67
38. Net Operating Expenditures (subtract Line 37 from Line 36)	255975.03	656170.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aarseth, Joanne, , ,

Mailing Address 8250 Westpark Drive Apt. 367

City
McLean

State
VA

Zip Code
22102-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Freddie Mac

Occupation (for Individual)

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2020

Transaction ID : SA11AI-2147482808

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Adams, Carol, , ,

Mailing Address 6125 Luther Lane Suite 245

City
Dallas

State
TX

Zip Code
75225-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2020

Transaction ID : SA11AI-2147482313

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Adams, William, , , Sr.

Mailing Address 109 West Park Road

City
Portersville

State
PA

Zip Code
16051-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Adams Mfg.

Occupation (for Individual)

Manufacturer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482507

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Allen, Lynne, , ,

Mailing Address 1701 Pike Creek Turf Circle

City

Adel

State

GA

Zip Code

31620-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pike Crerek Turf Inc.

Occupation (for Individual)

accountant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482486

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Altensee, James, , ,

Mailing Address 4088 Sierra Park Terrace

City

Beavercreek

State

OH

Zip Code

45440-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USAF

Occupation (for Individual)

Department Head

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2020

Transaction ID : SA11AI-2147482924

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Avery, Ada, , ,

Mailing Address 4204 Michael Court

City

Upper Chichester

State

PA

Zip Code

19061-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2020

Transaction ID : SA11AI-2147482921

Amount of Each Receipt this Period

400.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bachelder, Dan & Abigail, , ,

Mailing Address P.O. Box 655

City
Nome

State
AK

Zip Code
99762-0655

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2020

Transaction ID : SA11AI-2147482849

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barbaretta, Joseph, , ,

Mailing Address 17400 Glennville Drive

City
Dumfries

State
VA

Zip Code
22026-3364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quantum Jump Solutions Inc

Occupation (for Individual)
Computer Tech Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2020

Transaction ID : SA11AI-2147482324

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barone, BJ, , ,

Mailing Address 1510 Mandarin Road

City
Naples

State
FL

Zip Code
34102-5138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : SA11AI-2147482604

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bereza, Jeanne, M., ,

Mailing Address 7n032 Joseph Street

City
South Elgin

State
IL

Zip Code
60177-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2020

Transaction ID : SA11AI-2147482316

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blair, Marilyn, , ,

Mailing Address 10 North Locust Street

City
Shannon

State
IL

Zip Code
61078-9009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2020

Transaction ID : SA11AI-2147482329

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Borden, Patrick, , ,

Mailing Address 217 Southwest 4th Street Apt. 204

City
Brainerd

State
MN

Zip Code
56401-3256

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Miners Inc.

Occupation (for Individual)
Janitor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2020

Transaction ID : SA11AI-2147482906

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bowers, Harold, , ,

Mailing Address 362 County Road 320

City
Palacios

State
TX

Zip Code
77465-6558

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482491

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brim, Rodney, , ,

Mailing Address 301 Nautical Heights

City

Smith River

State

CA

Zip Code

95567-9568

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2020

Transaction ID : SA11AI-2147482218

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brooks, Roger, , ,

Mailing Address 4719 Whitfield Road

City

Durham

State

NC

Zip Code

27707-9511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Alliance Defending Freedom

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : SA11AI-2147482583

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brumley, James, L., ,

Mailing Address 212 Fairchild Street

City
Iowa City

State
IA

Zip Code
52245-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Netjets

Occupation (for Individual)

Pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 28 / 2020

Transaction ID : SA11AI-2147482482

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bruno, Richard, , ,

Mailing Address P.O. Box 11

City

Piermont

State

NY

Zip Code

10968-0011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 27 / 2020

Transaction ID : SA11AI-2147482555

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brush, Kirkland, , ,

Mailing Address 1843 Scarborough Drive

City

Ft Collins

State

CO

Zip Code

80526-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2020

Transaction ID : SA11AI-2147483252

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Buckner, Sean, , ,

Mailing Address 3509 Chimney Rock Drive

City

Flower Mound

State

TX

Zip Code

75022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Informative Research

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2020

Transaction ID : SA11AI-2147483161

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Campos, Ian, , ,

Mailing Address 111 Sail High Court

City

Mooresville

State

NC

Zip Code

28117-7102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Capgemini America

Occupation (for Individual)

Management Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2020

Transaction ID : SA11AI-2147483382

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carlson, Carol, J., ,

Mailing Address 14750 Beach Boulevard Apt. 54

City

Jacksonville Beach

State

FL

Zip Code

32250-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2020

Transaction ID : SA11AI-2147482997

Amount of Each Receipt this Period

3000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

8250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carmody, Margaret, M., ,

Mailing Address 16552 Monroe Lane

City
Huntington Beach

State
CA

Zip Code
92647-4821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482600

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carney, James, J., , Jr.

Mailing Address 1132 S Washington St Apt T1

City
Falls Church

State
VA

Zip Code
22046-4025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2020

Transaction ID : SA11AI-2147482794

Amount of Each Receipt this Period

680.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Caster, Terrence, , ,

Mailing Address 4607 Mission Gorge Place

City
San Diego

State
CA

Zip Code
92120-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Caster Properties Inc

Occupation (for Individual)

Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2020

Transaction ID : SA11AI-2147482311

Amount of Each Receipt this Period

250000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

251030.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Charlesworth, John, , ,

Mailing Address 321 Montecito Boulevard

City
Napa

State
CA

Zip Code
94559-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 24 / 2020

Transaction ID : SA11AI-2147482684

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Clark, Richard, K., ,

Mailing Address 4171 Lorenzo Farm Road

City

Cazenovia

State

NY

Zip Code

13035-9341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

retired

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482602

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Clay, Catherine, J., ,

Mailing Address 4461 State Route 492

City

Susquehanna

State

PA

Zip Code

18847-7476

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

retired

Occupation (for Individual)

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 14 / 2020

Transaction ID : SA11AI-2147483006

Amount of Each Receipt this Period

400.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Connor, Michael, E., ,

Mailing Address 838 Colchester Drive

City
Oswego

State
IL

Zip Code
60543-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 14 / 2020

Transaction ID : SA11AI-2147483008

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cox, Trevor, B., ,

Mailing Address 14307 Shadow Oaks Lane

City
San Antonio

State
TX

Zip Code
78231-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AIG

Occupation (for Individual)
Investment Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482586

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cross, Marian, , ,

Mailing Address 2405 Asbury Road

City
Northbrook

State
IL

Zip Code
60062-5901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482622

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Crutchfield, J., Stuart, , M.D.

Mailing Address 2006 Canberra Court

City
Tyler

State
TX

Zip Code
75703-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2020

Transaction ID : SA11AI-2147482327

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Culpepper, Robert, C., , M.D.

Mailing Address 3916 Jackson Street

City

Alexandria

State

LA

Zip Code

71303-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2020

Transaction ID : SA11AI-2147482809

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cunningham, William, , ,

Mailing Address 10208 Sunflower Lane

City

San Antonio

State

TX

Zip Code

78213-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2020

Transaction ID : SA11AI-2147482350

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

600.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davison, Henry, , ,

Mailing Address 7821 Buist Avenue

City
Philadelphia

State
PA

Zip Code
19153-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Federal Government Social Security Adm

Occupation (for Individual)
Civil Servant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482471

Amount of Each Receipt this Period

8000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dean, William, , ,

Mailing Address 3190 Highway 95 Lot 1620

City
Bullhead City

State
AZ

Zip Code
86442-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2020

Transaction ID : SA11AI-2147482889

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Defrehn, Cathleen, , ,

Mailing Address 130 Dunbarton Circle Southeast

City
Aiken

State
SC

Zip Code
29803-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482503

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Di Biase, James, , ,

Mailing Address 6033 Oakbend St Apt 11111

City
Orlando

State
FL

Zip Code
32835-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2020

Transaction ID : SA11AI-2147482216

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DiMaso, Anthony, , ,

Mailing Address 38 Valleyview Drive

City
Northport

State
NY

Zip Code
11768-2329

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2020

Transaction ID : SA11AI-2147482723

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dobrzanski, Frank, , ,

Mailing Address 5304 Sapphire Springs Drive

City
Knightdale

State
NC

Zip Code
27545-7585

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Expedient Resource Services

Occupation (for Individual)

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2020

Transaction ID : SA11AI-2147483425

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Donahue, James, C., ,

Mailing Address 217 Fairview Road

City
Pittsburgh

State
PA

Zip Code
15238-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Holy Family Institute

Occupation (for Individual)
Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2020

Transaction ID : SA11AI-2147482719

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dugan, Theresa, , ,

Mailing Address 5343 West Morten Avenue

City
Glendale

State
AZ

Zip Code
85301-8635

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2020

Transaction ID : SA11AI-2147482331

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dunkel, David, , ,

Mailing Address 5003 West Spring Lake Drive

City
Tampa

State
FL

Zip Code
33629-8217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kforce

Occupation (for Individual)
Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : SA11AI-2147482581

Amount of Each Receipt this Period

10000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

10750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dunn, Vicki, , ,

Mailing Address 803 Plymouth Rock Drive

City
Des Peres

State
MO

Zip Code
63131-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Homemaker

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : SA11AI-2147482516

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ersland, David, , ,

Mailing Address 1311 North Rutland Cr

City
Wichita

State
KS

Zip Code
67206-3832

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Zion Lutheran Church Argonia KS

Occupation (for Individual)
Pastor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2020

Transaction ID : SA11AI-2147483308

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fennell, James, , , Jr.

Mailing Address 6960 Killarney Drive

City
Beaumont

State
TX

Zip Code
77706-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2020

Transaction ID : SA11AI-2147482221

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Floersch, Eugene, , ,

Mailing Address 6600 Pleasant Avenue Apt. 226

City
Richfield

State
MN

Zip Code
55423-2390

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2020

Transaction ID : SA11AI-2147482260

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Foley, John, P., ,

Mailing Address 1935 N Upland Street

City
Arlington

State
VA

Zip Code
22207-2346

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lorien Wood School

Occupation (for Individual)

Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482598

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Frank, Margie, , ,

Mailing Address 6515 Pemberton Drive

City
Dallas

State
TX

Zip Code
75230-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2020

Transaction ID : SA11AI-2147482209

Amount of Each Receipt this Period

1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1890.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 22 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. French, Maynard, D., ,

Mailing Address 400 Megan Drive

City

Cantonment

State

FL

Zip Code

32533-3839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 28 / 2020

Transaction ID : SA11AI-2147482500

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garbe, Edmund, , ,

Mailing Address 415 Cobblestone Drive

City

Aurora

State

IL

Zip Code

60506-4415

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2020

Transaction ID : SA11AI-2147482498

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gargano, William, , ,

Mailing Address 2845 39th Avenue

City

San Francisco

State

CA

Zip Code

94116-2744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 22 / 2020

Transaction ID : SA11AI-2147482760

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gill, Mary, , ,

Mailing Address 1204 Lytle Way Cr

City
Abilene

State
TX

Zip Code
79602-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2020

Transaction ID : SA11AI-2147482347

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gillemot, Marie, , ,

Mailing Address 4814 Old US Highway 395 North

City

Washoe Valley

State

NV

Zip Code

89704-8584

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : SA11AI-2147482594

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Greco, Claudia, , ,

Mailing Address PO Box 562

City

Palo Cedro

State

CA

Zip Code

96073-0562

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : SA11AI-2147482626

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haggarty, Patrick, , ,

Mailing Address Alturas de Torrimar 18 Calle 12

City

Guaynabo

State

PR

Zip Code

00969

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2020

Transaction ID : SA11AI-2147482320

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hamilton, Kelly, Ann, ,

Mailing Address 178 Aspenknoll Dr

City

Powell

State

OH

Zip Code

43065-7921

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Ohio State University

Occupation (for Individual)

Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 27 / 2020

Transaction ID : SA11AI-2147482556

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hammond, Josephine, , ,

Mailing Address 5607 Broadmoor Terrace North

City

Ijamsville

State

MD

Zip Code

21754-9149

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 04 / 2020

Transaction ID : SA11AI-2147483329

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Henkel, Raymond, , ,

Mailing Address 4092 South Wabash Street

City
Denver

State
CO

Zip Code
80237-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 06 / 2020

Transaction ID : SA11AI-2147483320

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Henkel, Raymond, , ,

Mailing Address 4092 South Wabash Street

City
Denver

State
CO

Zip Code
80237-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 22 / 2020

Transaction ID : SA11AI-2147482758

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hoffman, Terry, , ,

Mailing Address 7118 West River Road

City
Brooklyn Center

State
MN

Zip Code
55430-1332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 26 / 2020

Transaction ID : SA11AI-2147482576

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Holtz, Kathleen, , ,

Mailing Address 20555 Lindley Road

City
Chelsea

State
MI

Zip Code
48118-9520

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michigan Medicine

Occupation (for Individual)
Bedside Musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
09 / 14 / 2020

Transaction ID : SA11AI-2147483032

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Horton, Andrea, , ,

Mailing Address 2781 E Warm Springs Ave

City
Boise

State
ID

Zip Code
83712-8440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
homemaker

Occupation (for Individual)
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
09 / 26 / 2020

Transaction ID : SA11AI-2147482565

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Huang, J., Andrew, ,

Mailing Address 2212 Rosa Vista Terrace

City
Camarillo

State
CA

Zip Code
93012-9094

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2020

Transaction ID : SA11AI-2147482232

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hyslop, Daniel, , ,

Mailing Address 1921 Lake Avenue

City
Whiting

State
IN

Zip Code
46394-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BP

Occupation (for Individual)
Natural Gas Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2020

Transaction ID : SA11AI-2147482220

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Iredale, Nancy, , ,

Mailing Address P.O. Box 5084

City
Incline Village

State
NV

Zip Code
89450-5084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Paul Hastings

Occupation (for Individual)
Tax Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2020

Transaction ID : SA11AI-2147482920

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jean, Jacqueline, , ,

Mailing Address 3580 Westwood Drive

City
Easton

State
PA

Zip Code
18045-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2020

Transaction ID : SA11AI-2147482458

Amount of Each Receipt this Period

17.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10267.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jean, Jacqueline, , ,

Mailing Address 3580 Westwood Drive

City
Easton

State
PA

Zip Code
18045-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

MM / DD / YYYY
09 / 29 / 2020

Transaction ID : SA11AI-2147482425

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jewell, Colette, , ,

Mailing Address 2515 East Princeton Avenue

City
Visalia

State
CA

Zip Code
93292

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 23 / 2020

Transaction ID : SA11AI-2147482735

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jungmann, William, A., ,

Mailing Address 3310 South Sherman Street

City
Englewood

State
CO

Zip Code
80113-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 01 / 2020

Transaction ID : SA11AI-2147483415

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

435.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kalt, William, E., ,

Mailing Address 1915 Waters Edge Drive

City
Westlake

State
OH

Zip Code
44145-6600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482473

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kent, Lawrence, , ,

Mailing Address 341 Northwest 81st Street

City
Seattle

State
WA

Zip Code
98117-4031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2020

Transaction ID : SA11AI-2147483133

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Klotz, Criston, , ,

Mailing Address 10120 Clemente Circle

City
Austin

State
TX

Zip Code
78737-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2020

Transaction ID : SA11AI-2147482759

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Koenig, Madonna, , ,

Mailing Address 1011 Feltl Court Apt. 143

City
Hopkins

State
MN

Zip Code
55343-3938

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 23 / 2020

Transaction ID : SA11AI-2147482729

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kolb, Frederick, , ,

Mailing Address 4721 Laurel Street

City
Bellaire

State
TX

Zip Code
77401-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : SA11AI-2147482511

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Koller, David, , ,

Mailing Address 903 Hart Circle

City
State College

State
PA

Zip Code
16801-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482610

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Koon, Edward, , ,

Mailing Address 4381 Leonard Street

City

Coopersville

State

MI

Zip Code

49404-9610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
09 / 16 / 2020

Transaction ID : SA11AI-2147482937

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Krebs, Bruce, , ,

Mailing Address 707 16th Avenue Southwest

City

Minot

State

ND

Zip Code

58701-6234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 01 / 2020

Transaction ID : SA11AI-2147483413

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Krislynn Foundation

Mailing Address 2050 Main Street Suite 250

City

Irvine

State

CA

Zip Code

92614-8264

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : SA11AI-2147482479

Amount of Each Receipt this Period

3000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3335.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kronstein, Phillip, , ,

Mailing Address 414 Water Street Apt. 1909

City
Baltimore

State
MD

Zip Code
21202-3269

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HHS

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2020

Transaction ID : SA11AI-2147482678

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LaBossier, Tracy, , ,

Mailing Address 1034 West Lake Sammamish Parkway N

City
Bellevue

State
WA

Zip Code
98008-4232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Homemaker

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2020

Transaction ID : SA11AI-2147482207

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LaMonica, Sharon, , ,

Mailing Address 11625 Pebbleton Drive

City
Houston

State
TX

Zip Code
77070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2020

Transaction ID : SA11AI-2147482238

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Larsen, Roy, , ,

Mailing Address 1930 East 12th Street Apt. 123

City
Casper

State
WY

Zip Code
82601-4077

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 02 / 2020

Transaction ID : SA11AI-2147483403

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lebec, Leah, K., ,

Mailing Address 10 Lauder Lane

City
Greenwich

State
CT

Zip Code
06831-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2020

Transaction ID : SA11AI-2147482215

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lentz, Bryan, , ,

Mailing Address 3157 Farnam Street 7523

City
Omaha

State
NE

Zip Code
68131-3546

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 01 / 2020

Transaction ID : SA11AI-2147483417

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Letts, Karen, , ,

Mailing Address 52274 Greenfield Manor Drive

City
Granger

State
IN

Zip Code
46530-5871

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : SA11AI-2147482493

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lind, Monsignor Joseph, , ,

Mailing Address 865 Central Avenue Apt. L301

City
Needham

State
MA

Zip Code
02492-1359

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Paul Parish

Occupation (for Individual)
Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482612

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lindeman, Al, , ,

Mailing Address 6462 E. Amber Sun Drive

City
Scottsdale

State
AZ

Zip Code
85266-7205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482650

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lund, Kathleen, , ,

Mailing Address 1285 Club House Drive

City
Pasadena

State
CA

Zip Code
91105-2728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allen LYND Company Inc.

Occupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2020

Transaction ID : SA11AI-2147482800

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Macaulay, Noel, , ,

Mailing Address 11803 Norino Drive

City
Whittier

State
CA

Zip Code
90601-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2020

Transaction ID : SA11AI-2147482318

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Macaulay, Shane, , ,

Mailing Address 3832 132nd Avenue Northeast

City
Bellevue

State
WA

Zip Code
98005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RCW

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY
09 / 01 / 2020

Transaction ID : SA11AI-2147483409

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Macaulay, Shane, , ,

Mailing Address 3832 132nd Avenue Northeast

City
Bellevue

State
WA

Zip Code
98005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RCW

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 25 / 2020

Transaction ID : SA11AI-2147482588

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Macaulay, Shane, , ,

Mailing Address 3832 132nd Avenue Northeast

City
Bellevue

State
WA

Zip Code
98005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RCW

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

09 / 28 / 2020

Transaction ID : SA11AI-2147482481

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Magnuson, Maureen, , ,

Mailing Address 7715 Vasserman Trail

City
Chanhassen

State
MN

Zip Code
55317-4506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 11 / 2020

Transaction ID : SA11AI-2147483135

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Maier, Susan, , ,

Mailing Address 6900 Fleetwood Road Unit 600

City
Mc Lean

State
VA

Zip Code
22101-3696

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2020

Transaction ID : SA11AI-2147482802

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Malley, Walter, , ,

Mailing Address 10800 Lathrop Lane Northwest

City
Silverdale

State
WA

Zip Code
98383-7371

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 12 / 2020

Transaction ID : SA11AI-2147483126

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Malley, Walter, , ,

Mailing Address 10800 Lathrop Lane Northwest

City
Silverdale

State
WA

Zip Code
98383-7371

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2020

Transaction ID : SA11AI-2147482355

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Manor, Beth, , ,

Mailing Address P.O. Box 833

City

Chautauqua

State

NY

Zip Code

14722-0833

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2020

Transaction ID : SA11AI-2147482789

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mariani-Walker, Jane, , ,

Mailing Address 379 Roslyn Avenue

City

Akron

State

OH

Zip Code

44320-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Akron Public SchoolsOccupation (for Individual)
SLP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2020

Transaction ID : SA11AI-2147482567

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marrella, Amey, , ,

Mailing Address P.O. Box 4065

City

Woodbridge

State

CT

Zip Code

06525-0065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482488

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martin, Daniel, D., ,

Mailing Address 238 Southwest 200 Street

City
Carrollton

State
IL

Zip Code
62016-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 22 / 2020

Transaction ID : SA11AI-2147482756

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McCormick, Rosemary, T., ,

Mailing Address 428 Beech Avenue

City
Hershey

State
PA

Zip Code
17033-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : SA11AI-2147482530

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McDonald, Charles, , ,

Mailing Address 12445 Wedgewood Place Northwest

City
Coon Rapids

State
MN

Zip Code
55433-6776

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : SA11AI-2147482496

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McGloin, Mary, T., , M.D.

Mailing Address 735 126th Avenue

City

Treasure Island

State

FL

Zip Code

33706-1036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 14 / 2020

Transaction ID : SA11AI-2147483004

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McKee, Barbara, , ,

Mailing Address 5 Signal Point

City

Belleville

State

IL

Zip Code

62223-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 23 / 2020

Transaction ID : SA11AI-2147482724

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McMahon, Jeanne, , ,

Mailing Address 7802 17th Green Drive

City

Humble

State

TX

Zip Code

77346-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2020

Transaction ID : SA11AI-2147482811

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mehan, G. Tracy, , , II

Mailing Address 20884 Royal Villa Terrace

City

Potomac Falls

State

VA

Zip Code

20165-2465

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Water Works Association

Occupation (for Individual)

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 02 / 2020

Transaction ID : SA11AI-2147483401

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mercer, George, S., ,

Mailing Address 4816 E Wagon Train Rd

City

Tucson

State

AZ

Zip Code

85739-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : SA11AI-2147482490

Amount of Each Receipt this Period

900.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Miele, Craig, , ,

Mailing Address 12 Hixon Terrace

City

Holmdel

State

NJ

Zip Code

07733-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

C

Occupation (for Individual)

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 14 / 2020

Transaction ID : SA11AI-2147482998

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Minks, Rachel, , ,

Mailing Address 17024 Barium Street Northwest

City
Andover

State
MN

Zip Code
55304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2020

Transaction ID : SA11AI-2147482923

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mitchell, Gerard, , ,

Mailing Address 10404 Strathmore Park Court Unit 2

City

N Bethesda

State

MD

Zip Code

20852-3394

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2020

Transaction ID : SA11AI-2147483303

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mitsler, Roberta, , ,

Mailing Address 8011 Limberlost Road

City

Clinton

State

NY

Zip Code

13323-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482502

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mooney, Christina, , ,

Mailing Address 5591 Squirrel Run

City
Cincinnati

State
OH

Zip Code
45247-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2020

Transaction ID : SA11AI-2147482798

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Muir, Robert, , ,

Mailing Address 1314 E. Hillside Drive

City
Peoria

State
IL

Zip Code
61614-3151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2020

Transaction ID : SA11AI-2147482716

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Murchison, Burk, , ,

Mailing Address 5430 Lyndon B Johnson Freeway Ste.

City
Dallas

State
TX

Zip Code
75240-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2020

Transaction ID : SA11AI-2147482881

Amount of Each Receipt this Period

75000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murchison, Elise, , ,

Mailing Address 5430 Lyndon B Johnson Freeway Ste.

City
Dallas

State
TX

Zip Code
75240-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2020

Transaction ID : SA11AI-2147482882

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Musicco, Gerrie, , ,

Mailing Address 1030 3rd Avenue South

City
Naples

State
FL

Zip Code
34102-6456

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2020

Transaction ID : SA11AI-2147482214

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Neale, Irene, , ,

Mailing Address 12120 Southwest 5th Street

City
Beaverton

State
OR

Zip Code
97005-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2020

Transaction ID : SA11AI-2147482726

Amount of Each Receipt this Period

400.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

26400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neugebauer, Wendell, , ,

Mailing Address 586 Middleline Road

City

Ballston Spa

State

NY

Zip Code

12020-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482512

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Neyer, Jay Steven, , ,

Mailing Address 11 Driftwood Ln

City

Palm Coast

State

FL

Zip Code

32137-3366

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2020

Transaction ID : SA11AI-2147483124

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nobiling, Elizabeth, , ,

Mailing Address 1545 15th Ave

City

Moline

State

IL

Zip Code

61265-4005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USPS

Occupation (for Individual)

Rural Mail Carrier

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2020

Transaction ID : SA11AI-2147483319

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nohrden, Marlana, , ,

Mailing Address 5 Las Brisas Drive West Lake

City

West Lake Hills

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2020

Transaction ID : SA11AI-2147482806

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Norton, Ed, T., , II

Mailing Address 3501 Illinois Avenue Apt. C11

City

Louisville

State

KY

Zip Code

40213-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Part time realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482616

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Novak, Geraldine, , ,

Mailing Address 801 Pennsylvania Avenue Northwest

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

MM / DD / YYYY
09 / 23 / 2020

Transaction ID : SA11AI-2147482714

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nuns, Carmelite, , ,

Mailing Address 6202 County Road 339

City
Christoval

State
TX

Zip Code
76935-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2020

Transaction ID : SA11AI-2147482325

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oberg, Kent, , ,

Mailing Address 1508 North 29th Street

City

Fort Dodge

State

IA

Zip Code

50501-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482591

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OBoyle, Thomas, , ,

Mailing Address 7295 West 59th Avenue

City

Manhattan

State

KS

Zip Code

66503-9798

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ultra Electronics Ice

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2020

Transaction ID : SA11AI-2147482337

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Oliveira, Elsie, , ,

Mailing Address 2033 Franklin Way

City
Hanford

State
CA

Zip Code
93230-7367

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : SA11AI-2147482508

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Olson, Donald, , ,

Mailing Address 2505 Northwest Pinnacle Drive

City
Portland

State
OR

Zip Code
97229-8001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

MM / DD / YYYY
09 / 23 / 2020

Transaction ID : SA11AI-2147482732

Amount of Each Receipt this Period

190.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ossello, Guy, , ,

Mailing Address 75 Burning Tree Lane

City
Butte

State
MT

Zip Code
59701-3936

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : SA11AI-2147482505

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

690.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ostrowski, David, , ,

Mailing Address 4305 Ashford Lane

City
Fairfax

State
VA

Zip Code
22032-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2020

Transaction ID : SA11AI-2147482721

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Panella, Elaine, , ,

Mailing Address P. O. Box 1643

City
Southold

State
NY

Zip Code
11971-0941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2020

Transaction ID : SA11AI-2147482728

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pante, Ronald, L., ,

Mailing Address 1012 Lakewood Drive North

City
Saint Paul

State
MN

Zip Code
55119-3608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2020

Transaction ID : SA11AI-2147482682

Amount of Each Receipt this Period

900.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Patton, Joan, , ,

Mailing Address 7237 Eads Avenue

City
La Jolla

State
CA

Zip Code
92037-5457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2020

Transaction ID : SA11AI-2147482686

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perkowski, Stephen, , ,

Mailing Address 9 Leigh Court

City
Randolph

State
NJ

Zip Code
07869-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kane Communications

Occupation (for Individual)
Teledata Installer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482510

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perri, Tim, , ,

Mailing Address 4975 Southwest 65th Avenue

City
Portland

State
OR

Zip Code
97221-1172

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Buy in Town Inc.

Occupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : SA11AI-2147482585

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Phelan, Alan, , ,

Mailing Address 4030 Northeast 56th Street

City
Vancouver

State
WA

Zip Code
98661-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482608

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pirus, Joseph, Alex, ,

Mailing Address 15W222 Concord St.

City
Elmhurst

State
IL

Zip Code
60126-5326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482596

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pregenzer, Gerard, , ,

Mailing Address 807 Nancy Way

City
Westfield

State
NJ

Zip Code
07090-3424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Womens Health Care of Warren

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 19 / 2020

Transaction ID : SA11AI-2147482873

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Proeschel, Richard, , ,

Mailing Address 5072 Morning Song Drive

City
Medina

State
OH

Zip Code
44256-6747

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Proe Power Systems LLC

Occupation (for Individual)
Consulting Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 18 / 2020

Transaction ID : SA11AI-2147482885

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Proposki, Yvette, , ,

Mailing Address 12 Story Street

City
Rockport

State
MA

Zip Code
01966-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.50

Date of Receipt

MM / DD / YYYY
09 / 10 / 2020

Transaction ID : SA11AI-2147483201

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pura, Gloria, F., ,

Mailing Address 10423 Bailey Road

City
Hagerstown

State
MD

Zip Code
21742-9706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482617

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Puzder, Andrew, F., ,

Mailing Address 5102 Pickney Drive

City
Brentwood

State
TN

Zip Code
37027-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
09 / 27 / 2020

Transaction ID : SA11AI-2147482553

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Quick, Brian, , ,

Mailing Address 117 Matt Boulevard

City
Niceville

State
FL

Zip Code
32578-2897

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SMX

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : SA11AI-2147482475

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reh, Thomas, , ,

Mailing Address 9850 Waterbury Drive

City
Saint Louis

State
MO

Zip Code
63124-1046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
09 / 18 / 2020

Transaction ID : SA11AI-2147482884

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Riley, Don, , ,

Mailing Address 8047 Fairfax Rd

City
Alexandria

State
VA

Zip Code
22308-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2020

Transaction ID : SA11AI-2147482695

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rodriguez, Veronica, , ,

Mailing Address 2900 juanita place

City
Fullerton

State
CA

Zip Code
92835-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Homemaker

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : SA11AI-2147482589

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rogers, Melinda, , ,

Mailing Address 108 Michael Avenue

City
Fort Walton Beach

State
FL

Zip Code
32547-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAF

Occupation (for Individual)
Civil Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2020

Transaction ID : SA11AI-2147482875

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Romero, Carmen, , ,

Mailing Address 23415 Quail Summit Drive

City

Diamond Bar

State

CA

Zip Code

91765-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

09 / 25 / 2020

Transaction ID : SA11AI-2147482645

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rosenberg, Daniel, , ,

Mailing Address 34846 Chancey Road

City

Zephyrhills

State

FL

Zip Code

33541-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

09 / 14 / 2020

Transaction ID : SA11AI-2147483010

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rusk, Thomas, , ,

Mailing Address 3102 Limestone Circle

City

Cincinnati

State

OH

Zip Code

45239-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 01 / 2020

Transaction ID : SA11AI-2147483411

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rutherford, Susan, , ,

Mailing Address 13439 Northeast 115th Court

City
Redmond

State
WA

Zip Code
98052-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2020

Transaction ID : SA11AI-2147482715

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ryan, James, , ,

Mailing Address 720 67th Street Fl. 1

City
Brooklyn

State
NY

Zip Code
11220-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2020

Transaction ID : SA11AI-2147482817

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Santos, Shannon, , ,

Mailing Address 3509 Chimney Rock Drive

City
Flower Mound

State
TX

Zip Code
75022-6650

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Informative Research

Occupation (for Individual)
Sr Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2020

Transaction ID : SA11AI-2147482804

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sarkes Tarzian Inc.

Mailing Address 205 N. College Ave.
Ste 800

City
Bloomington

State
IN

Zip Code
47404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482580

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schaffer, Arlene, , ,

Mailing Address 895 Northwest Meadowood Circle

City

McMinnville

State
OR

Zip Code
97128-9530

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 22 / 2020

Transaction ID : SA11AI-2147482754

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schultz, Dennis, W., ,

Mailing Address 12096 Lake Placid Drive

City

Saint Louis

State
MO

Zip Code
63146-5171

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 24 / 2020

Transaction ID : SA11AI-2147482689

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sciulli, Nanette, , ,

Mailing Address 94-424 Kuahui Street

City
Waipahu

State
HI

Zip Code
96797-4532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Superior Technology & Supplies Corp

Occupation (for Individual)
Admin Assist/Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 14 / 2020

Transaction ID : SA11AI-2147483000

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shinskey, Francis, G., ,

Mailing Address 400 Mendon Road Apt. 218

City
North Smithfield

State
RI

Zip Code
02896-6989

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2020

Transaction ID : SA11AI-2147482796

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simonds, Terry, , ,

Mailing Address 8521 199th Street Court East

City
Spanaway

State
WA

Zip Code
98387-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Homemaker

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
09 / 24 / 2020

Transaction ID : SA11AI-2147482688

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Slavic, John, , ,

Mailing Address 1075 Broken Sound Parkway NW Suite

City

Boca Raton

State

FL

Zip Code

33487-3541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Slavic401k

Occupation (for Individual)

Founder and President

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482468

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sliter, Jeanette, , ,

Mailing Address 4014 Warrington Drive

City

Dallas

State

TX

Zip Code

75227-4330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2020

Transaction ID : SA11AI-2147482791

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Steven, D., ,

Mailing Address 1430 South 6th Street

City

Abilene

State

TX

Zip Code

79602-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Unemployed

Occupation (for Individual)

Unemployed

Receipt For:

☐
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : SA11AI-2147482592

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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26500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sneed, Joe, , ,

Mailing Address 56205 302nd Street

City
Malvern

State
IA

Zip Code
51551-5022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 15 / 2020

Transaction ID : SA11AI-2147482943

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Snyder, Maryann, , ,

Mailing Address 11585 Shelborne Road

City
Carmel

State
IN

Zip Code
46032-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

09 / 29 / 2020

Transaction ID : SA11AI-2147482315

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Spieles, Deb, , ,

Mailing Address 649 Parkside Drive

City
Wauseon

State
OH

Zip Code
43567-9267

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 10 / 2020

Transaction ID : SA11AI-2147483181

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 61 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stack, Virginia, , ,

Mailing Address 30 Winding Hill Drive

City
EttersState
PAZip Code
17319-9698FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best effortsOccupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2020

Transaction ID : SA11AI-2147482691

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stanek, Jill, , ,

Mailing Address 11664 Sundance Tr

City
MokenaState
ILZip Code
60448-2449FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best effortsOccupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2020

Transaction ID : SA11AI-2147482211

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stillman, Beulah, , ,

Mailing Address 74 Oakhill Drive

City
LititzState
PAZip Code
17543-8364FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482514

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stultz, Mary, , ,

Mailing Address 262 Deerfield Circle

City
Kingwood

State
WV

Zip Code
26537-1358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2020

Transaction ID : SA11AI-2147482807

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stutzke, Norman, , ,

Mailing Address 2213 West 35th Street

City
San Pedro

State
CA

Zip Code
90732-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 17 / 2020

Transaction ID : SA11AI-2147482902

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sullivan, Glory, , ,

Mailing Address 905 Ponte Vedra Boulevard

City
Ponte Vedra Beach

State
FL

Zip Code
32082-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : SA11AI-2147482484

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swift, Beth, , ,

Mailing Address 7281 Treeridge Dr

City
Cincinnati

State
OH

Zip Code
45244-3553

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Homemaker

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2020

Transaction ID : SA11AI-2147482792

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swoboda, Robert, , ,

Mailing Address 317 Highridge Road

City
Burlington

State
WI

Zip Code
53105-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aurora Medical Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482497

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Swope, Paul, , ,

Mailing Address 10 Park Avenue

City
Derry

State
NH

Zip Code
03038-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2020

Transaction ID : SA11AI-2147482680

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thoms, Norman, , ,

Mailing Address 5420 Southeast 37th Street

City
Tecumseh

State
KS

Zip Code
66542-9161

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : SA11AI-2147482670

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Trepanier, Ellen, , ,

Mailing Address 20043 Purnell Avenue

City
Rocky River

State
OH

Zip Code
44116-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Saint Brendan School

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 03 / 2020

Transaction ID : SA11AI-2147483381

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tribbett, Linda, , ,

Mailing Address 315 Northeast 202nd Avenue

City
Portland

State
OR

Zip Code
97230-8112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 14 / 2020

Transaction ID : SA11AI-2147483002

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

820.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Turrentine, Patricia, , ,

Mailing Address 131 Oak Manor Drive

City
Fairfax

State
CA

Zip Code
94930-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2020

Transaction ID : SA11AI-2147482942

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Van Thorre, James, L., ,

Mailing Address 14595 W. Rockland Road Unit 328

City
Libertyville

State
IL

Zip Code
60048-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Van Thorre & Associates

Occupation (for Individual)

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482470

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vater, Eugene, J., , Jr.

Mailing Address 250 Grant Avenue Apt. B23

City
Lyndhurst

State
NJ

Zip Code
07071-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2020

Transaction ID : SA11AI-2147483410

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Verbarg, Paul, , ,

Mailing Address 2600 North Brinton Avenue # R47805

City
Dixon

State
IL

Zip Code
61021-9532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ICI

Occupation (for Individual)
clerk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2020

Transaction ID : SA11AI-2147482900

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Waibel, Wm, , ,

Mailing Address 133 East Erickson Road

City

Pinconning

State

MI

Zip Code

48650-9457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2020

Transaction ID : SA11AI-2147482322

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wavering, Albert, J., ,

Mailing Address 8487 Link Hills Loop

City

Gainesville

State

VA

Zip Code

20155-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482477

Amount of Each Receipt this Period

3000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wechter, Daniel, , ,

Mailing Address 3662 Hackett Road

City
Saginaw

State
MI

Zip Code
48603-4904

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2020

Transaction ID : SA11AI-2147482213

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Whalen, W., Philip, ,

Mailing Address 350 S Fairfield Road

City
Bellbrook

State
OH

Zip Code
45305-9799

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2020

Transaction ID : SA11AI-2147482236

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yeagle, Charles, , ,

Mailing Address 1813 Tiki Street

City
Findlay

State
OH

Zip Code
45840-1756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI-2147482495

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Young, Thomas, , ,

Mailing Address P.O. Box 18807

City
SarasotaState
FLZip Code
34276-1807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2020

Transaction ID : SA11AI-2147482717

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Young, Thomas, , ,

Mailing Address P.O. Box 18807

City
SarasotaState
FLZip Code
34276-1807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2020

Transaction ID : SA11AI-2147482229

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Youtt, Michael, , ,

Mailing Address 3031 Ella Lee Lane

City
HoustonState
TXZip Code
77019-5909FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aquinas Companies LLC

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : SA11AI-2147482606

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1400.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zaytoun, Mary Paula, , ,

Mailing Address 809 Lakestone Drive

City
Raleigh

State
NC

Zip Code
27609-6343

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2020

Transaction ID : SA11AI-2147483305

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

652367.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 198

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Headway Workforce Solutions Inc.

Mailing Address 3100 Smoketree Ct.
Suite 900

City
Raleigh

State
NC

Zip Code
27604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25276.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2020

Transaction ID : SA15.21933

Amount of Each Receipt this Period

25276.67

☐ Memo Item

Refund of Overpayment: Canvassing / Travel

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25276.67

25276.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. American Rising Corporation

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2020

Mailing Address 1500 Wilson Blvd
5th floorCity
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Research Consulting Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.21909**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2020

Mailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.21915**

Amount of Each Disbursement this Period

4443.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Arnone, Jalee, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2020

Mailing Address 2800 Shirlington Rd
Suite 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Travel / Food / Beverage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

62.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12006.58

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Ashley, Michelle, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2020

Mailing Address 2800 Shirlington Rd, Ste 1200

City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Travel

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

443.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bavarian Inn Lodge

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2020

Mailing Address 1 Covered Bridge Ln

City
FrankenmuthState
MIZip Code
48734Purpose of Disbursement
Travel

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

236.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Campaign Graphics

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2020

Mailing Address 1229 N. Wakonda Street

City
FlagstaffState
AZZip Code
86004Purpose of Disbursement
Staff Apparel

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.2191**

Amount of Each Disbursement this Period

5040.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5483.77

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Campaign InboxMailing Address 601 New Jersey Ave NW
Suite 400City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Commission Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.21916**

Amount of Each Disbursement this Period

2992.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445 McLaughlin Ave

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	2		2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.21918**

Amount of Each Disbursement this Period

94.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Collin, Cayla, , ,Mailing Address 2800 Shirlington Road
Suite 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Travel / Food / Beverage / Postage / Office Supplies / Field Director Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	2		2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

385.38

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3472.32

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 2850 S Quincy St

City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2020

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

14.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Colon, Jessica, , ,Mailing Address 3100 Richmond Avenue
Suite 319City
HoustonState
TXZip Code
77098Purpose of Disbursement
Program Consulting Management - September services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2020

FEC Identification Number

C**Transaction ID : SB21B.21911**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Colon, Jessica, , ,Mailing Address 3100 Richmond Avenue
Suite 319City
HoustonState
TXZip Code
77098Purpose of Disbursement
Program Consulting Management - October services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2020

FEC Identification Number

C**Transaction ID : SB21B.21941**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Compton, James, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2020

Mailing Address 2800 Shirlington Road
Suite 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Travel / Food / Beverage - itemizations below \$200 threshold

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

227.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Crosby Ottenhoff Group

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2020

Mailing Address 611 Pennsylvania Ave
Ste #267City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Compliance Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.21919**

Amount of Each Disbursement this Period

2362.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Denton US LLP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2020

Mailing Address 1900 K Street NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Legal Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.21921**

Amount of Each Disbursement this Period

13395.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15985.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. EAN Services LLC

Mailing Address PO Box 402383

City
AtlantaState
GAZip Code
30384Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.21913**

Amount of Each Disbursement this Period

321.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EAN Services LLC

Mailing Address PO Box 402383

City
AtlantaState
GAZip Code
30384Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.21914**

Amount of Each Disbursement this Period

928.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Escalante, Eileen, , ,Mailing Address 2800 Shirlington Rd
Suite 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

283.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1533.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Four Star Printing

Mailing Address PO Box 567

City
LovettsvilleState
VAZip Code
20180Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2020

FEC Identification Number

C**Transaction ID : SB21B.21907**

Amount of Each Disbursement this Period

52.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Four Star Printing

Mailing Address PO Box 567

City
LovettsvilleState
VAZip Code
20180Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2020

FEC Identification Number

C**Transaction ID : SB21B.21908**

Amount of Each Disbursement this Period

44.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Headway Workforce Solutions Inc.Mailing Address 3100 Smoketree Ct.
Suite 900City
RaleighState
NCZip Code
27604Purpose of Disbursement
Background checks / Field Director Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2020

FEC Identification Number

C**Transaction ID : SB21B.21897**

Amount of Each Disbursement this Period

26550.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

26647.29

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Headway Workforce Solutions Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	2	0		

Mailing Address 3100 Smoketree Ct.
Suite 900City
RaleighState
NCZip Code
27604Purpose of Disbursement
Field Director Pay

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.21904**

Amount of Each Disbursement this Period

41226.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. i360

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	2	0		

Mailing Address P.O. Box 37046

City
BaltimoreState
MDZip Code
21297-3046Purpose of Disbursement
Data Subscription Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.21905**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. i360

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	2	0		

Mailing Address P.O. Box 37046

City
BaltimoreState
MDZip Code
21297-3046Purpose of Disbursement
Data Subscription Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.21906**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

42226.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Johnson, Cheryl, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2020

Mailing Address 2800 Shirlington Road
Suite 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

422.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Martinez, Rosalba, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2020

Mailing Address 2800 Shirlington Rd
Suite 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Travel / Food / Beverage / Printing

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

116.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Martinez, Rosalba, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2020

Mailing Address 2800 Shirlington Rd
Suite 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Travel / Food / Beverage / Printing

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

365.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

903.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Phillips, Kyle, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2020

Mailing Address 2800 Shirlington Road
Suite 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Travel / Food / Beverage / Field Director Pay - itemizations below \$200
threshold

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

278.09

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. RCH Associates

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2020

Mailing Address 143 Martin Lane

City
AlexandriaState
VAZip Code
22304Purpose of Disbursement
Political Strategy Consulting

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.21898**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Remington Research Group, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2020

Mailing Address 800 W 47th Street
Ste 200City
Kansas CityState
MOZip Code
64112Purpose of Disbursement
Research Consulting Services

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.2191C**

Amount of Each Disbursement this Period

4500.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

7778.09

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Susan B Anthony List, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	0		

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Salary / Consulting Pay

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.21899**

Amount of Each Disbursement this Period

13572.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Richard Norman Company

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	0		

Mailing Address 113 E Market Street
Suite 300City
LeesburgState
VAZip Code
20176Purpose of Disbursement
Pre-payment for printing / postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

29767.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Richard Norman Company

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	0		

Mailing Address 113 E Market Street
Suite 300City
LeesburgState
VAZip Code
20176Purpose of Disbursement
Pre-payment for printing / postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

20747.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

64087.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. The Richard Norman Company

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2020

Mailing Address 113 E Market Street
Suite 300City
LeesburgState
VAZip Code
20176Purpose of Disbursement
Pre-payment for printing / postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

35391.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Richard Norman Company

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2020

Mailing Address 113 E Market Street
Suite 300City
LeesburgState
VAZip Code
20176Purpose of Disbursement
Pre-payment for printing / postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

29996.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Richard Norman Company

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2020

Mailing Address 113 E Market Street
Suite 300City
LeesburgState
VAZip Code
20176Purpose of Disbursement
Pre-payment for printing / postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

20926.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

86314.76

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 83 OF 198

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
Ashburn

State
VA

Zip Code
20148

Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C

Transaction ID : SB21B.18675

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
Ashburn

State
VA

Zip Code
20148

Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C

Transaction ID : SB21B.18808

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
Ashburn

State
VA

Zip Code
20148

Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2020

FEC Identification Number

C

Transaction ID : SB21B.18808

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

- 937.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

FEC Identification Number

C**Transaction ID : SB21B.18810**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

FEC Identification Number

C**Transaction ID : SB21B.18811**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2020

FEC Identification Number

C**Transaction ID : SB21B.18812**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 937.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.18813**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.18814**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.18814**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 937.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.18817**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.18818**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.18818**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 937.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2020

FEC Identification Number

C**Transaction ID : SB21B.18820**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2020

FEC Identification Number

C**Transaction ID : SB21B.18821**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2020

FEC Identification Number

C**Transaction ID : SB21B.18822**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 937.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.18823**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.18824**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.18825**

Amount of Each Disbursement this Period

- 312.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 937.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2020

FEC Identification Number

C**Transaction ID : SB21B.18826**

Amount of Each Disbursement this Period

- 937.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing / Production / Postage (IE paid 8/6/20, see schedule E)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2020

FEC Identification Number

C**Transaction ID : SB21B.18827**

Amount of Each Disbursement this Period

- 937.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tradewinds Consulting, Inc.

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2020

FEC Identification Number

C**Transaction ID : SB21B.21902**

Amount of Each Disbursement this Period

156.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 1719.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Usio, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

Mailing Address 3611 Paesanos Pkwy, Suite 300

City
San AntonioState
TXZip Code
78213Purpose of Disbursement
Food / Beverage / Travel

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.21901**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Usio, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2020

Mailing Address 3611 Paesanos Pkwy, Suite 300

City
San AntonioState
TXZip Code
78213Purpose of Disbursement
Delivery Services

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.21900**

Amount of Each Disbursement this Period

46.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Usio, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2020

Mailing Address 3611 Paesanos Pkwy, Suite 300

City
San AntonioState
TXZip Code
78213Purpose of Disbursement
Food / Beverage / Travel

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.21903**

Amount of Each Disbursement this Period

2400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3446.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Witt, Ella, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	0		

Mailing Address 2800 Shirlington Rd
Suite 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Travel / Food / Beverage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

2170.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	0		

Mailing Address 1101 17th NW
#600City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

1373.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Le Meridian Dallas by the Galleria

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	0		

Mailing Address 13402 Noel Rd

City
DallasState
TXZip Code
75240Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.-2147**

Amount of Each Disbursement this Period

542.60

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2170.70

280712.14

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. NORTH CAROLINA VALUES COALITION PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2020

Mailing Address 9650 STRICKLAND RD
SUITE 103-226City
RALEIGHState
NCZip Code
27615Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00688226

Transaction ID : SB23.21931

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100000.00

100000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 93 OF 198

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. American Marketing & Publishing, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2020

Mailing Address 2012 Stonewater Ct

City
HoschtonState
GAZip Code
30548Purpose of Disbursement
Non-Federal Door Hangers - NC

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB29.21928**

Amount of Each Disbursement this Period

6094.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Marketing & Publishing, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2020

Mailing Address 2012 Stonewater Ct

City
HoschtonState
GAZip Code
30548Purpose of Disbursement
Non-Federal Door Hangers - MT

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB29.22042**

Amount of Each Disbursement this Period

2635.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Campaign HQ

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2020

Mailing Address PO Box 257

City
BrooklynState
IAZip Code
52211Purpose of Disbursement
Non-Federal Phone Calls - NC

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB29.21927**

Amount of Each Disbursement this Period

14370.83

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

23100.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Campaign HQ

Mailing Address PO Box 257

City
BrooklynState
IAZip Code
52211Purpose of Disbursement
Non-Federal Phone Calls - MT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB29.22041**

Amount of Each Disbursement this Period

1552.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Headway Workforce Solutions Inc.Mailing Address 3100 Smoketree Ct.
Suite 900City
RaleighState
NCZip Code
27604Purpose of Disbursement
Non-Federal Canvassing / Travel - MT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB29.21929**

Amount of Each Disbursement this Period

1116.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Headway Workforce Solutions Inc.Mailing Address 3100 Smoketree Ct.
Suite 900City
RaleighState
NCZip Code
27604Purpose of Disbursement
Non-Federal Canvassing / Travel - NC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB29.21930**

Amount of Each Disbursement this Period

5869.57

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8539.35

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Headway Workforce Solutions Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2020

Mailing Address 3100 Smoketree Ct.
Suite 900City
RaleighState
NCZip Code
27604Purpose of Disbursement
Non-Federal Canvassing / Travel - MT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C **Transaction ID : SB29.22040**

Amount of Each Disbursement this Period

 1303.24☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nebo Media

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2020

Mailing Address PO Box 9625

City
ArlingtonState
VAZip Code
22219Purpose of Disbursement
Non-Federal Digital Media Production / Placement - NC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C **Transaction ID : SB29.21924**

Amount of Each Disbursement this Period

 21868.09☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nebo Media

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2020

Mailing Address PO Box 9625

City
ArlingtonState
VAZip Code
22219Purpose of Disbursement
Non-Federal Digital Media Production / Placement - MT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C **Transaction ID : SB29.22043**

Amount of Each Disbursement this Period

 2512.92☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 25684.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. The Lukens Company

Mailing Address 2800 Shirlington Rd

City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Non-Federal Printing / Postage - MT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB29.21925**

Amount of Each Disbursement this Period

7038.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Lukens Company

Mailing Address 2800 Shirlington Rd

City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Non-Federal Printing / Postage - NC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB29.22044**

Amount of Each Disbursement this Period

39992.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

47030.55

104354.48

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 97 OF 198

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9700

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

77452.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77452.55

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2017

Date Due

M M / D D / Y Y Y Y

11/30/2021

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77452.55

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 98 OF 198

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.13439

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

10118.58

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10118.58

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2018

Date Due

M M / D D / Y Y Y Y

11/30/2022

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10118.58

TOTALS This Period (last page in this line only)..... ►

87571.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 99 OF 198

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

i360Nature of Debt (Purpose):
Dialer Access

Mailing Address P.O. Box 37046

City

Baltimore

State

MD

Zip Code

21297-3046

Outstanding Balance Beginning This Period

227.88

Transaction ID : SD10.18440

Amount Incurred This Period

0.00

Payment This Period

227.88

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

i360Nature of Debt (Purpose):
Dialer Access

Mailing Address P.O. Box 37046

City

Baltimore

State

MD

Zip Code

21297-3046

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.21940

Amount Incurred This Period

56.97

Payment This Period

0.00

Outstanding Balance at Close of This Period

56.97

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Media BridgeNature of Debt (Purpose):
Estimate digital ads

Mailing Address 11300 Astarita Ave

City

Partlow

State

VA

Zip Code

22534

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.15740

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2056.97

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 100 OF 198

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Existing Loan owed to SBA

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

1) **SUBTOTALS** This Period This Page (optional)..... ►

20704.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 101 OF 198

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Expense put on SBA CC

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4709.73

Transaction ID : SD10.6756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

To post Thrifty Car Rental Expense put on
SBA CardMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

1894.83

Transaction ID : SD10.9222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1894.83

1) **SUBTOTALS** This Period This Page (optional)..... ►

15214.56

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 102 OF 198

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Non-Federal - Supplies

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.15960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Non-Federal - Travel

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

27.90

Transaction ID : SD10.15958

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

227.90

2) **TOTALS** This Period (last page this line number only)..... ►

38203.86

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

38203.86

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 103 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Active Engagement <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2020		
Mailing Address 113 East Market St Suite 300			Amount 52500.00		
City Leesburg	State VA	Zip Code 20176	Transaction ID : SE.21650 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2020		
Purpose of Expenditure Media Production / Media Placement		Category/ Type 	Name of Federal Candidate: FLETCHER, ELIZABETH, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 130756.49		Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>			
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Active Engagement <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2020		
Mailing Address 113 East Market St Suite 300			Amount 40000.00		
City Leesburg	State VA	Zip Code 20176	Transaction ID : SE.21655 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2020		
Purpose of Expenditure Media Production / Media Placement		Category/ Type 	Name of Federal Candidate: DAVIS, WENDY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 98192.46		Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>			
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures			92500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 104 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Active Engagement <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2020		
Mailing Address 113 East Market St Suite 300			Amount 62500.00		
City Leesburg	State VA	Zip Code 20176	Transaction ID : SE.21658 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2020		
Purpose of Expenditure Media Production / Media Placement		Category/ Type 			
Name of Federal Candidate: KULKARNI, SRI PRESTON, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 142211.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Active Engagement <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2020		
Mailing Address 113 East Market St Suite 300			Amount 52500.00		
City Leesburg	State VA	Zip Code 20176	Transaction ID : SE.21662 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2020		
Purpose of Expenditure Media Production / Media Placement		Category/ Type 			
Name of Federal Candidate: VALENZUELA, CANDACE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 187953.92			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			115000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 105 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Active Engagement <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2020		
Mailing Address 113 East Market St Suite 300			Amount 40000.00		
City Leesburg	State VA	Zip Code 20176	Transaction ID : SE.21665 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2020		
Purpose of Expenditure Media Production / Media Placement			Category/ Type 		
Name of Federal Candidate: ALLRED, COLIN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 100428.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Active Engagement <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Mailing Address 113 East Market St Suite 300			Amount 14000.00		
City Leesburg	State VA	Zip Code 20176	Transaction ID : SE.21730 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Purpose of Expenditure SMS Messaging			Category/ Type 		
Name of Federal Candidate: FLETCHER, ELIZABETH, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 151306.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			54000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 106 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Active Engagement			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 113 East Market St Suite 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8000.00</div>	
City Leesburg	State VA	Zip Code 20176		
Purpose of Expenditure SMS Messaging		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Transaction ID : SE.21737 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: DAVIS, WENDY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">106192.46</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Active Engagement			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 113 East Market St Suite 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13000.00</div>	
City Leesburg	State VA	Zip Code 20176		
Purpose of Expenditure SMS Messaging		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Transaction ID : SE.21747 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">155211.97</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	21000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 107 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Active Engagement				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 113 East Market St Suite 300				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11000.00</div>	
City Leesburg		State VA		Zip Code 20176	
Purpose of Expenditure SMS Messaging				Category/Type 	
Name of Federal Candidate: <input type="checkbox"/> Support VALENZUELA, CANDACE, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought 198953.92				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Active Engagement				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 113 East Market St Suite 300				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8000.00</div>	
City Leesburg		State VA		Zip Code 20176	
Purpose of Expenditure SMS Messaging				Category/Type 	
Name of Federal Candidate: <input type="checkbox"/> Support ALLRED, COLIN, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought 108428.76				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">19000.00</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , [Electronically Filed] Signature				Date MM / DD / YYYY <div style="display: flex; justify-content: space-between;"> 10 20 2020 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee American Marketing & Publishing, Inc.			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 03 / 2020		
Mailing Address 2012 Stonewater Ct			Amount <input type="text" value="Amount"/> 3950.00		
City Hoschton	State GA	Zip Code 30548	Transaction ID : SE.18654		
Purpose of Expenditure Door Hangers		Category/ Type <input type="text" value="Category"/>	Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 03 / 2020		
Name of Federal Candidate: ALLRED, COLIN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Amount"/> 29959.90			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee American Marketing & Publishing, Inc.			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 08 / 2020		
Mailing Address 2012 Stonewater Ct			Amount <input type="text" value="Amount"/> 10500.00		
City Hoschton	State GA	Zip Code 30548	Transaction ID : SE.18657		
Purpose of Expenditure Door Hangers		Category/ Type <input type="text" value="Category"/>	Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 08 / 2020		
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Amount"/> 343046.44			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="Amount"/> 14450.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="Amount"/>		
(c) TOTAL Independent Expenditures			<input type="text" value="Amount"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 109 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee American Marketing & Publishing, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 08 / 2020		
Mailing Address 2012 Stonewater Ct			Amount 20557.50		
City Hoschton	State GA	Zip Code 30548	Transaction ID : SE.18658		
Purpose of Expenditure Door Hangers		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 08 / 2020		
Name of Federal Candidate: BIDEN, JOSEPH R JR, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 363603.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee American Marketing & Publishing, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 08 / 2020		
Mailing Address 2012 Stonewater Ct			Amount 2557.50		
City Hoschton	State GA	Zip Code 30548	Transaction ID : SE.18659		
Purpose of Expenditure Door Hangers		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 08 / 2020		
Name of Federal Candidate: BULLOCK, STEVE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>MT</u>		
Calendar Year-To-Date Per Election for Office Sought 15188.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			23115.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee American Marketing & Publishing, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 08 / 2020		
Mailing Address 2012 Stonewater Ct			Amount 7500.00		
City Hoschton	State GA	Zip Code 30548	Transaction ID : SE.18660		
Purpose of Expenditure Door Hangers		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 08 / 2020		
Name of Federal Candidate: PETERS, GARY, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought 36030.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee American Marketing & Publishing, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2020		
Mailing Address 2012 Stonewater Ct			Amount 11950.00		
City Hoschton	State GA	Zip Code 30548	Transaction ID : SE.18918		
Purpose of Expenditure Door Hangers		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 10 / 2020		
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 377291.04			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			19450.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item American Marketing & Publishing, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 15 / 2020 </div>	
Mailing Address 2012 Stonewater Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 29815.25 </div>	
City Hoschton	State GA	Zip Code 30548	Transaction ID : SE.18919 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 10 / 2020 </div>
Purpose of Expenditure Door Hangers		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 407106.29 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <input type="checkbox"/> Memo Item American Marketing & Publishing, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 15 / 2020 </div>	
Mailing Address 2012 Stonewater Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5915.25 </div>	
City Hoschton	State GA	Zip Code 30548	Transaction ID : SE.18920 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 10 / 2020 </div>
Purpose of Expenditure Door Hangers		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: CUNNINGHAM, CAL, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23842.54 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 35730.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , , [Electronically Filed]

Signature _____ Date

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee American Marketing & Publishing, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2020		
Mailing Address 2012 Stonewater Ct			Amount 11950.00		
City Hoschton	State GA	Zip Code 30548	Transaction ID : SE.18921		
Purpose of Expenditure Door Hangers		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 10 / 2020		
Name of Federal Candidate: KELLY, MARK, , ,			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought 35997.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ 		
Full Name of Payee American Marketing & Publishing, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2020		
Mailing Address 2012 Stonewater Ct			Amount 6550.00		
City Hoschton	State GA	Zip Code 30548	Transaction ID : SE.21403		
Purpose of Expenditure Door Hangers		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2020		
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 37709.46			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ 		
(a) SUBTOTAL of Itemized Independent Expenditures			18500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Full Name of Payee American Marketing & Publishing, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 2012 Stonewater Ct			Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
City Hoschton		State GA	Zip Code 30548	Amount <input style="width: 20px; border: 1px solid black;" type="text" value="09"/> <input style="width: 20px; border: 1px solid black;" type="text" value="16"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="2020"/>	
Purpose of Expenditure Door Hangers			Category/ Type <input style="width: 50px; border: 1px solid black;" type="text" value="SE.21406"/>	Transaction ID : SE.21406 Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <input style="width: 100px; border: 1px solid black;" type="text" value="103646.63"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee American Marketing & Publishing, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 2012 Stonewater Ct			Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
City Hoschton		State GA	Zip Code 30548	Amount <input style="width: 20px; border: 1px solid black;" type="text" value="09"/> <input style="width: 20px; border: 1px solid black;" type="text" value="25"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="2020"/>	
Purpose of Expenditure Door Hangers			Category/ Type <input style="width: 50px; border: 1px solid black;" type="text" value="SE.21670"/>	Transaction ID : SE.21670 Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <input style="width: 100px; border: 1px solid black;" type="text" value="137306.49"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				<input style="width: 100px; border: 1px solid black;" type="text" value="13100.00"/>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<input style="width: 100px; border: 1px solid black;" type="text" value=""/>	
(c) TOTAL Independent Expenditures				<input style="width: 100px; border: 1px solid black;" type="text" value=""/>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]	Date <input style="width: 20px; border: 1px solid black;" type="text" value="10"/> <input style="width: 20px; border: 1px solid black;" type="text" value="20"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="2020"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee Campaign HQ <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 257			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160448.18</div>		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.21686 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Phone Calls		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C </div>		
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">1145835.81</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Campaign HQ <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 257			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14370.83</div>		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.21696 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Phone Calls		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C </div>		
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">108103.36</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">174819.01</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Campaign HQ			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Mailing Address PO Box 257			Amount 11084.50		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : SE.21705
Purpose of Expenditure Phone Calls			Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: AZ
Calendar Year-To-Date Per Election for Office Sought			130070.54		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020			<input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Campaign HQ			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Mailing Address PO Box 257			Amount 1552.83		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : SE.21713
Purpose of Expenditure Phone Calls			Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020
Name of Federal Candidate: DAINES, STEVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MT
Calendar Year-To-Date Per Election for Office Sought			31631.51		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020			<input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			12637.33		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Campaign HQ <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2020	
Mailing Address PO Box 257		Amount 14784.00	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.21721
Purpose of Expenditure Phone Calls		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2020
Name of Federal Candidate: JAMES, JOHN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 138955.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Headway Workforce Solutions Inc. <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2020	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 54950.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.18585
Purpose of Expenditure Canvassing / Travel		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2020
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 177549.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		69734.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		 	
(c) TOTAL Independent Expenditures		 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gross, Jennifer, , , Signature		Date MM / DD / YYYY 10 / 20 / 2020	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 01 / 2020		
City Raleigh		State NC	Zip Code 27604		
Purpose of Expenditure Canvassing / Travel		Category/ Type <input type="text"/>		Amount <input type="text" value="54950.00"/>	
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="232499.44"/>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 01 / 2020		
City Raleigh		State NC	Zip Code 27604		
Purpose of Expenditure Canvassing / Travel		Category/ Type <input type="text"/>		Amount <input type="text" value="2550.00"/>	
Name of Federal Candidate: DAINES, STEVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="10080.76"/>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="57500.00"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text"/>		
(c) TOTAL Independent Expenditures			<input type="text"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2020		
City Raleigh	State NC	Zip Code 27604	Amount 2550.00		
Purpose of Expenditure Canvassing / Travel		Category/ Type 	Transaction ID : SE.18588 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2020		
Name of Federal Candidate: BULLOCK, STEVE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MT		
Calendar Year-To-Date Per Election for Office Sought 12630.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2020		
City Raleigh	State NC	Zip Code 27604	Amount 10500.00		
Purpose of Expenditure Canvassing / Travel		Category/ Type 	Transaction ID : SE.18589 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2020		
Name of Federal Candidate: JAMES, JOHN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MI		
Calendar Year-To-Date Per Election for Office Sought 18030.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			13050.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10500.00</div>	
City Raleigh	State NC	Zip Code 27604		
Purpose of Expenditure Canvassing / Travel		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: <input type="checkbox"/> Support PETERS, GARY, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">28530.76</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3200.00</div>	
City Raleigh	State NC	Zip Code 27604		
Purpose of Expenditure Canvassing / Travel		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support HUNT, WESLEY, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">40546.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">13700.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on	
Full Name of Payee Headway Workforce Solutions Inc. <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2020	
Mailing Address 3100 Smoketree Ct. Suite 900				Amount 3200.00	
City Raleigh		State NC		Zip Code 27604	
Purpose of Expenditure Canvassing / Travel				Transaction ID : SE.18604 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2020	
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 43746.23				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Headway Workforce Solutions Inc. <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2020	
Mailing Address 3100 Smoketree Ct. Suite 900				Amount 2400.00	
City Raleigh		State NC		Zip Code 27604	
Purpose of Expenditure Canvassing / Travel				Transaction ID : SE.18608 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2020	
Name of Federal Candidate: NEHLS, TROY, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 25827.72				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				5600.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature				Date 10 / 20 / 2020	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 2400.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.18609		
Purpose of Expenditure Canvassing / Travel		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2020		
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 28227.72			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 3200.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.18615		
Purpose of Expenditure Canvassing / Travel		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2020		
Name of Federal Candidate: COLLINS, GENEVIEVE D, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 22809.90			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			5600.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2020	

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ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 3200.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.18616		
Purpose of Expenditure Canvassing / Travel		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2020		
Name of Federal Candidate: ALLRED, COLIN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 26009.90			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 2400.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.18622		
Purpose of Expenditure Canvassing / Travel		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2020		
Name of Federal Candidate: ROY, CHIP, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 30302.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			5600.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2400.00</div>	
City Raleigh	State NC	Zip Code 27604		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Transaction ID : SE.18624 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: DAVIS, WENDY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8000.00</div>	
City Raleigh	State NC	Zip Code 27604		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Transaction ID : SE.18630 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">10400.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 124 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8000.00</div>	
City Raleigh	State NC	Zip Code 27604		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Transaction ID : SE.18631 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20400.00</div>	
City Raleigh	State NC	Zip Code 27604		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Transaction ID : SE.18641 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: CORNYN, JOHN SEN, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	28400.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20400.00</div>	
City Raleigh	State NC	Zip Code 27604		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Transaction ID : SE.18644 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: HEGAR, MARY JENNINGS MJ, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">34127.50</div>	
City Raleigh	State NC	Zip Code 27604		
Purpose of Expenditure Canvassing / Travel		Category/ Type	Transaction ID : SE.18828 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	54527.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2020		
City Raleigh		State NC	Zip Code 27604	Amount 34127.50	
Purpose of Expenditure Canvassing / Travel			Category/ Type 	Transaction ID : SE.18829 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2020	
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 300754.44			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2020		
City Raleigh		State NC	Zip Code 27604	Amount 4908.75	
Purpose of Expenditure Canvassing / Travel			Category/ Type 	Transaction ID : SE.18833 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2020	
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 12439.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures				39036.25	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				 	
(c) TOTAL Independent Expenditures				 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2020		
City Raleigh		State NC	Zip Code 27604	Amount 4908.75	
Purpose of Expenditure Canvassing / Travel			Category/ Type 	Transaction ID : SE.18834 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2020	
Name of Federal Candidate: CUNNINGHAM, CAL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 17348.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2020		
City Raleigh		State NC	Zip Code 27604	Amount 7968.75	
Purpose of Expenditure Canvassing / Travel			Category/ Type 	Transaction ID : SE.18838 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2020	
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought 15499.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures				12877.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				 	
(c) TOTAL Independent Expenditures				 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount 7968.75
Purpose of Expenditure Canvassing / Travel			Category/ Type 		Transaction ID : SE.18842 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2020
Name of Federal Candidate: KELLY, MARK, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 23468.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
City Raleigh		State NC	Zip Code 27604		Amount 5100.00
Purpose of Expenditure Canvassing / Travel			Category/ Type 		Transaction ID : SE.21497 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2020
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 974855.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures				13068.75	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 129 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Headway Workforce Solutions Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 5100.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.21498 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2020		
Purpose of Expenditure Canvassing / Travel		Category/ Type 			
Name of Federal Candidate: BIDEN, JOSEPH R JR, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 979955.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Headway Workforce Solutions Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2020		
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 5100.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.21543 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2020		
Purpose of Expenditure Canvassing / Travel		Category/ Type 			
Name of Federal Candidate: CORNYN, JOHN SEN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 45900.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			10200.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 130 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
City Raleigh	State NC	Zip Code 27604	Amount 5100.00		
Purpose of Expenditure Canvassing / Travel		Category/ Type 	Transaction ID : SE.21545 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
Name of Federal Candidate: HEGAR, MARY JENNINGS MJ, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u> </u> <input type="checkbox"/> President State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 51000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
City Raleigh	State NC	Zip Code 27604	Amount 2400.00		
Purpose of Expenditure Canvassing / Travel		Category/ Type 	Transaction ID : SE.21549 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
Name of Federal Candidate: NEHLS, TROY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>22</u> <input type="checkbox"/> President State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 40109.46			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			7500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 131 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
City Raleigh		State NC	Zip Code 27604	Amount 2400.00	
Purpose of Expenditure Canvassing / Travel			Category/ Type 	Transaction ID : SE.21550 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2020	
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought 42509.46			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Headway Workforce Solutions Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 3100 Smoketree Ct. Suite 900			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
City Raleigh		State NC	Zip Code 27604	Amount 2400.00	
Purpose of Expenditure Canvassing / Travel			Category/ Type 	Transaction ID : SE.21556 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2020	
Name of Federal Candidate: COLLINS, GENEVIEVE D, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought 35291.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				4800.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				 	
(c) TOTAL Independent Expenditures				 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 133 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee i360			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2020
Mailing Address P.O. Box 37046			Amount 28.48		Transaction ID : SE.18621 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2020
City Baltimore	State MD	Zip Code 21297-3046			
Purpose of Expenditure Dialer Access, originally reported estimate of \$750, this is actual			Category/Type 		
Name of Federal Candidate: DAVIS, WENDY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought			27902.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee i360			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2020
Mailing Address P.O. Box 37046			Amount 113.94		Transaction ID : SE.21922 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2020
City Baltimore	State MD	Zip Code 21297-3046			
Purpose of Expenditure Debt Repayment: Dialer Access, originally reported as estimate of \$600, this is actual			Category/Type 		
Name of Federal Candidate: ROY, CHIP, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought			32702.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures					113.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on MM / DD / YYYY	
Full Name of Payee i360 <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2020	
Mailing Address P.O. Box 37046			Amount 113.94	
City Baltimore	State MD	Zip Code 21297-3046	Transaction ID : SE.21923 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2020	
Purpose of Expenditure Debt Repayment: Dialer Access, originally reported as estimate of \$600, this is actual			Category/Type 	
Name of Federal Candidate: DAVIS, WENDY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought 32702.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Nebo Media <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2020	
Mailing Address PO Box 9625			Amount 40374.81	
City Arlington	State VA	Zip Code 22219	Transaction ID : SE.21494 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2020	
Purpose of Expenditure Digital Media Production / Placement			Category/Type 	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 929380.68			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			40488.75	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gross, Jennifer, , , Signature			Date MM / DD / YYYY 10 / 20 / 2020	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 135 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee Nebo Media			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 9625			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 18 / 2020		
City Arlington		State VA	Amount <input type="text" value="40374.81"/>		
Purpose of Expenditure Digital Media Production / Placement		Zip Code 22219		Transaction ID : SE.21496	
Category/Type <input type="text" value=""/>		Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 18 / 2020			
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate			District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="969755.49"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Nebo Media			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 9625			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 18 / 2020		
City Arlington		State VA	Amount <input type="text" value="11617.42"/>		
Purpose of Expenditure Digital Media Production / Placement		Zip Code 22219		Transaction ID : SE.21508	
Category/Type <input type="text" value=""/>		Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 18 / 2020			
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: NC		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="80304.40"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="51992.23"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value=""/>		
(c) TOTAL Independent Expenditures			<input type="text" value=""/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Gross, Jennifer, , ,		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 136 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Nebo Media				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address PO Box 9625				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11617.42</div>	
City Arlington		State VA		Zip Code 22219	
Purpose of Expenditure Digital Media Production / Placement				Category/Type 	
Name of Federal Candidate: CUNNINGHAM, CAL, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 91921.82				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Nebo Media				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address PO Box 9625				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13611.65</div>	
City Arlington		State VA		Zip Code 22219	
Purpose of Expenditure Digital Media Production / Placement				Category/Type 	
Name of Federal Candidate: MCSALLY, MARTHA, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought 103563.68				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;">25229.07</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10 20 2020 </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Nebo Media			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 9625			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
City Arlington		State VA	Zip Code 22219		
Purpose of Expenditure Digital Media Production / Placement			Category/Type 		
Name of Federal Candidate: KELLY, MARK, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			 117175.33		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: State: AZ		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2020 <input type="checkbox"/> Other (specify) ▶ 		
Full Name of Payee Nebo Media			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 9625			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
City Arlington		State VA	Zip Code 22219		
Purpose of Expenditure Digital Media Production / Placement			Category/Type 		
Name of Federal Candidate: DAINES, STEVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			 26932.99		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: State: MT		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2020 <input type="checkbox"/> Other (specify) ▶ 		
(a) SUBTOTAL of Itemized Independent Expenditures			 14946.63		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 138 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee Nebo Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>			
Mailing Address PO Box 9625	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1334.98</div>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City Arlington</td> <td style="width: 33%;">State VA</td> <td style="width: 33%;">Zip Code 22219</td> </tr> </table>		City Arlington	State VA	Zip Code 22219
City Arlington		State VA	Zip Code 22219	
Purpose of Expenditure Digital Media Production / Placement				
Name of Federal Candidate: BULLOCK, STEVE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u> </u> <input type="checkbox"/> President State: <u>MT</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">28267.97</div>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee Nebo Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>			
Mailing Address PO Box 9625	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">13810.76</div>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City Arlington</td> <td style="width: 33%;">State VA</td> <td style="width: 33%;">Zip Code 22219</td> </tr> </table>		City Arlington	State VA	Zip Code 22219
City Arlington		State VA	Zip Code 22219	
Purpose of Expenditure Digital Media Production / Placement				
Name of Federal Candidate: JAMES, JOHN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u> </u> <input type="checkbox"/> President State: <u>MI</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">108549.95</div>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">15145.74</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Nebo Media <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
Mailing Address PO Box 9625			Amount 13810.76		
City Arlington	State VA	Zip Code 22219	Transaction ID : SE.21537 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
Purpose of Expenditure Digital Media Production / Placement		Category/ Type 			
Name of Federal Candidate: PETERS, GARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		122360.71	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Person 2 Person <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 03 / 2020		
Mailing Address 2800 Shirlington Rd			Amount 10000.00		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.18651 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 03 / 2020		
Purpose of Expenditure SMS Messaging		Category/ Type 			
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		310754.44	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			23810.76		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">868.55</div>	
City Topeka	State KS	Zip Code 66609		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	Transaction ID : SE.21565 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">364472.49</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">868.55</div>	
City Topeka	State KS	Zip Code 66609		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	Transaction ID : SE.21566 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: BIDEN, JOSEPH R JR., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">365341.04</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1737.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.52</div>	
City Topeka	State KS	Zip Code 66609	Transaction ID : SE.21573 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">17637.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.51</div>	
City Topeka	State KS	Zip Code 66609	Transaction ID : SE.21574 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: CUNNINGHAM, CAL., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">17927.29</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	579.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 142 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.52</div> Transaction ID : SE.21581 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City Topeka	State KS	Zip Code 66609		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">23757.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.51</div> Transaction ID : SE.21582 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City Topeka	State KS	Zip Code 66609		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		
Name of Federal Candidate: KELLY, MARK, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">24047.29</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	579.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 143 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.52</div> Transaction ID : SE.21589 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City Topeka	State KS	Zip Code 66609		
Purpose of Expenditure Postage		Category/ Type		
Name of Federal Candidate: DAINES, STEVE, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.51</div> Transaction ID : SE.21590 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City Topeka	State KS	Zip Code 66609		
Purpose of Expenditure Postage		Category/ Type		
Name of Federal Candidate: BULLOCK, STEVE, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	579.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 144 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.52</div> Transaction ID : SE.21598 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City Topeka	State KS	Zip Code 66609		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: JAMES, JOHN, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">36320.28</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.51</div> Transaction ID : SE.21599 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City Topeka	State KS	Zip Code 66609		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: PETERS, GARY, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">36609.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	579.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 145 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">289.52</div>	
City Topeka	State KS	Zip Code 66609	Transaction ID : SE.21606 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: HUNT, WESLEY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 07 State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">44035.75</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">289.51</div>	
City Topeka	State KS	Zip Code 66609	Transaction ID : SE.21607 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 07 State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">44325.26</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	579.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 146 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.52</div> Transaction ID : SE.21615 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Topeka	State KS	Zip Code 66609		
Purpose of Expenditure Postage		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: ROY, CHIP, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">32991.93</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">289.51</div> Transaction ID : SE.21617 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Topeka	State KS	Zip Code 66609		
Purpose of Expenditure Postage		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: DAVIS, WENDY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">33281.44</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	579.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 147 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 18 / 2020 </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 289.52 </div> Transaction ID : SE.21625 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 09 / 2020 </div>	
City Topeka	State KS	Zip Code 66609		
Purpose of Expenditure Postage		Category/Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support NEHLS, TROY, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought 28517.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ 	

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 18 / 2020 </div>	
Mailing Address 4000 SE Adams Street			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 289.52 </div> Transaction ID : SE.21626 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 09 / 2020 </div>	
City Topeka	State KS	Zip Code 66609		
Purpose of Expenditure Postage		Category/Type 		
Name of Federal Candidate: <input type="checkbox"/> Support KULKARNI, SRI PRESTON, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought 28806.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ 	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	579.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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 10 / 20 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 148 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

Full Name of Payee Southwest Publishing and Mailing Corporation			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 4000 SE Adams Street				Amount <input type="text"/>	
City Topeka	State KS	Zip Code 66609		Transaction ID : SE.21633	
Purpose of Expenditure Postage		Category/ Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			94454.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Southwest Publishing and Mailing Corporation			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 4000 SE Adams Street				Amount <input type="text"/>	
City Topeka	State KS	Zip Code 66609		Transaction ID : SE.21634	
Purpose of Expenditure Postage		Category/ Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			94743.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 149 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 18 / 2020 </div>	
Mailing Address 4000 SE Adams Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 289.52 </div>	
City Topeka	State KS	Zip Code 66609	Transaction ID : SE.21642 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 09 / 2020 </div>
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: COLLINS, GENEVIEVE D, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 32 State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30249.42 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Southwest Publishing and Mailing Corporation		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 18 / 2020 </div>	
Mailing Address 4000 SE Adams Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 289.52 </div>	
City Topeka	State KS	Zip Code 66609	Transaction ID : SE.21643 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 09 / 2020 </div>
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: ALLRED, COLIN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 32 State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30538.94 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 579.04 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 579.04 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , , [Electronically Filed]
 Signature Date

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 150 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">237420.74</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21492 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD J., , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">651585.13</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">237420.74</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21493 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose BIDEN, JOSEPH R JR., , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">889005.87</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">474841.48</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 151 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 21245.87 </div>	
Purpose of Expenditure Printing / Postage			Transaction ID : SE.21506 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 47441.11 </div>				

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 21245.87 </div>	
Purpose of Expenditure Printing / Postage			Transaction ID : SE.21507 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: CUNNINGHAM, CAL., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 68686.98 </div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	 42491.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 152 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
City Arlington		State VA	Zip Code 22206		
Purpose of Expenditure Printing / Postage		Category/ Type 		Amount 25801.02	
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 64151.01			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ		
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
City Arlington		State VA	Zip Code 22206		
Purpose of Expenditure Printing / Postage		Category/ Type 		Amount 25801.02	
Name of Federal Candidate: KELLY, MARK, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 89952.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ 		
(a) SUBTOTAL of Itemized Independent Expenditures			 51602.04		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 153 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
Mailing Address 2800 Shirlington Rd			Amount 3739.01		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21524 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
Purpose of Expenditure Printing / Postage		Category/ Type 			
Name of Federal Candidate: DAINES, STEVE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>		
Calendar Year-To-Date Per Election for Office Sought		21859.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
Mailing Address 2800 Shirlington Rd			Amount 3739.01		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21526 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
Purpose of Expenditure Printing / Postage		Category/ Type 			
Name of Federal Candidate: BULLOCK, STEVE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>		
Calendar Year-To-Date Per Election for Office Sought		25598.01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			7478.02		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 154 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">27888.35</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21534 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: JAMES, JOHN, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">66850.84</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">27888.35</div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">27888.35</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21535 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: PETERS, GARY, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">94739.19</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">27888.35</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">55776.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

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2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 155 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 18 / 2020</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2716.07</div> Transaction ID : SE.21567 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 18 / 2020</div> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Postage		Category/ Type 		
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 982671.56			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 18 / 2020</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2716.07</div> Transaction ID : SE.21568 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 18 / 2020</div> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Postage		Category/ Type 		
Name of Federal Candidate: BIDEN, JOSEPH R JR., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 985387.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	5432.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

10 / 20 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 156 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">905.36</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21575 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">92827.18</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">905.35</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21576 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: CUNNINGHAM, CAL., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">93732.53</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1810.71</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

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2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 157 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">905.36</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21583 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: MCSALLY, MARTHA, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">118080.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">905.35</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21584 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: KELLY, MARK, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">118986.04</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1810.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 158 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020	
Mailing Address 2800 Shirlington Rd		Amount 905.36	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21592
Purpose of Expenditure Printing / Postage		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2020
Name of Federal Candidate: DAINES, STEVE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought 29173.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020	
Mailing Address 2800 Shirlington Rd		Amount 905.35	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21593
Purpose of Expenditure Printing / Postage		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2020
Name of Federal Candidate: BULLOCK, STEVE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought 30078.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		1810.71	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		 	
(c) TOTAL Independent Expenditures		 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gross, Jennifer, , , Signature		[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 159 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">905.36</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21600 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose JAMES, JOHN, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">123266.07</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ District: _____ State: MI	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">905.35</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21601 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose PETERS, GARY, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">124171.42</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ District: _____ State: MI	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1810.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 160 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	New report	Amends report filed on MM / DD / YYYY
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Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">905.36</div> Transaction ID : SE.21608 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2020	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Postage		Category/ Type 		
Name of Federal Candidate: HUNT, WESLEY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 47583.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">905.35</div> Transaction ID : SE.21609 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2020	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Postage		Category/ Type 		
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 48488.67			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">1810.71</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
 10 / 20 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 161 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">905.36</div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Transaction ID : SE.21618 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: ROY, CHIP, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">36539.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">905.36</div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Transaction ID : SE.21619 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: DAVIS, WENDY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">37444.86</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1810.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 162 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">905.36</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21627 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose NEHLS, TROY, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">43414.82</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 22 State: TX	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">905.36</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21628 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose KULKARNI, SRI PRESTON, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">44320.18</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 22 State: TX	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1810.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 163 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
Mailing Address 2800 Shirlington Rd			Amount 905.36		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21635 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
Purpose of Expenditure Printing / Postage		Category/ Type 			
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 104551.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
Mailing Address 2800 Shirlington Rd			Amount 905.36		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.21636 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2020		
Purpose of Expenditure Printing / Postage		Category/ Type 			
Name of Federal Candidate: VALENZUELA, CANDACE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 105457.35			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="text-align: right;"> 1810.72 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 164 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">905.36</div> Transaction ID : SE.21644 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support COLLINS, GENEVIEVE D, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">38597.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">905.36</div> Transaction ID : SE.21645 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: <input type="checkbox"/> Support ALLRED, COLIN, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">39502.36</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1810.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 165 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Richard Norman Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 113 E Market Street Suite 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 29767.82 </div>	
City Leesburg	State VA	Zip Code 20176	Transaction ID : SE.21668 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">78256.49</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Richard Norman Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 113 E Market Street Suite 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20747.60 </div>	
City Leesburg	State VA	Zip Code 20176	Transaction ID : SE.21674 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: DAVIS, WENDY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">58192.46</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	50515.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 166 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Richard Norman Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 113 E Market Street Suite 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">35391.79</div>	
City Leesburg	State VA	Zip Code 20176		
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">79711.97</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Richard Norman Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 113 E Market Street Suite 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29996.57</div>	
City Leesburg	State VA	Zip Code 20176		
Purpose of Expenditure Printing / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">135453.92</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">65388.36</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

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2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 167 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee The Richard Norman Company			<input type="checkbox"/> Memo Item		
Mailing Address 113 E Market Street Suite 300			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 25 / 2020		
City Leesburg		State VA	Amount <input type="text" value="Amount"/> 20926.40		
Zip Code 20176		Transaction ID : SE.21683			
Purpose of Expenditure Printing / Postage			Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 18 / 2020		
Category/Type <input type="text" value="Category/Type"/>					
Name of Federal Candidate: ALLRED, COLIN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Amount"/> 60428.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 07 / 2020		
City Ashburn		State VA	Amount <input type="text" value="Amount"/> 10896.00		
Zip Code 20148		Transaction ID : SE.18668			
Purpose of Expenditure Printing / Production / Postage			Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 07 / 2020		
Category/Type <input type="text" value="Category/Type"/>					
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Amount"/> 321650.44			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="Amount"/> 31822.40		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="Amount"/>		
(c) TOTAL Independent Expenditures			<input type="text" value="Amount"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 168 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 07 / 2020		
City Ashburn		State VA	Zip Code 20148		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 		Amount 10896.00	
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 332546.44			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn		State VA	Zip Code 20148		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/ Type 		Amount 937.50	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 408043.79			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			 11833.50		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount 937.50		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.18677		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 408981.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount 312.50		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.18687		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 24155.04			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			1250.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Transaction ID : SE.18688 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: CUNNINGHAM, CAL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 24467.54			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Transaction ID : SE.18693 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: AZ		
Calendar Year-To-Date Per Election for Office Sought 36309.79			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			625.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 11 / 2020 </div>	
Mailing Address 21850 Inglewood Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 312.50 </div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.18694 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 11 / 2020 </div>
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: KELLY, MARK, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 36622.29 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 11 / 2020 </div>	
Mailing Address 21850 Inglewood Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 312.50 </div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.18698 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 11 / 2020 </div>
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: DAINES, STEVE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 16079.79 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 625.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 625.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Transaction ID : SE.18699 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: BULLOCK, STEVE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MT		
Calendar Year-To-Date Per Election for Office Sought 16392.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Transaction ID : SE.18703 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: JAMES, JOHN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MI		
Calendar Year-To-Date Per Election for Office Sought 36922.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			625.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Transaction ID : SE.18704 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: PETERS, GARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MI		
Calendar Year-To-Date Per Election for Office Sought 37234.79			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Transaction ID : SE.18708 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: HUNT, WESLEY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President State: TX		
Calendar Year-To-Date Per Election for Office Sought 44637.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			625.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 174 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Transaction ID : SE.18709 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 44950.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Transaction ID : SE.18713 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: NEHLS, TROY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 29119.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			625.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 175 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Transaction ID : SE.18714 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 29431.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Transaction ID : SE.18718 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: COLLINS, GENEVIEVE D, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 30851.44			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			625.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/ Type 	Transaction ID : SE.18719 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: ALLRED, COLIN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 31163.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/ Type 	Transaction ID : SE.18723 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: ROY, CHIP, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 33593.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			625.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Transaction ID : SE.18724 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: DAVIS, WENDY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 33906.44			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type 	Transaction ID : SE.18728 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 95056.43			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			625.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount <input type="text" value="MM/DD/YYYY"/> 312.50		
Purpose of Expenditure Printing / Production / Postage - see schedule B		Category/Type <input type="text" value="MM/DD/YYYY"/>	Transaction ID : SE.18729 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 11 / 2020		
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="MM/DD/YYYY"/> 95368.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount <input type="text" value="MM/DD/YYYY"/> 2591.55		
Purpose of Expenditure Printing / Production / Postage		Category/Type <input type="text" value="MM/DD/YYYY"/>	Transaction ID : SE.18733 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 11 / 2020		
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="MM/DD/YYYY"/> 411572.84			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="MM/DD/YYYY"/> 2904.05		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="MM/DD/YYYY"/>		
(c) TOTAL Independent Expenditures			<input type="text" value="MM/DD/YYYY"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 10 / 20 / 2020	
Signature					

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ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 2591.55		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.18734 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 414164.39			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 863.85		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.18738 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 25331.39			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			3455.40		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 863.85		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.18739 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: CUNNINGHAM, CAL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 26195.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 863.85		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.18743 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: AZ		
Calendar Year-To-Date Per Election for Office Sought 37486.14			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			1727.70		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">863.85</div>		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.18744 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Printing / Production / Postage		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">863.85</div>		
Name of Federal Candidate: KELLY, MARK, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">863.85</div>		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.18748 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Printing / Production / Postage		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">863.85</div>		
Name of Federal Candidate: DAINES, STEVE, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">1727.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination 09 / 11 / 2020		
City Ashburn		State VA	Amount 863.85		
Zip Code 20148		Transaction ID : SE.18749			
Purpose of Expenditure Printing / Production / Postage			Date of Disbursement or Obligation 09 / 11 / 2020		
Category/Type 					
Name of Federal Candidate: BULLOCK, STEVE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: MT		
Calendar Year-To-Date Per Election for Office Sought 18119.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination 09 / 11 / 2020		
City Ashburn		State VA	Amount 863.85		
Zip Code 20148		Transaction ID : SE.18753			
Purpose of Expenditure Printing / Production / Postage			Date of Disbursement or Obligation 09 / 11 / 2020		
Category/Type 					
Name of Federal Candidate: JAMES, JOHN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: MI		
Calendar Year-To-Date Per Election for Office Sought 38098.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			1727.70		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date 10 / 20 / 2020	
Signature					

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ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Tradewinds Consulting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount 863.85		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.18754		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: PETERS, GARY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: State: MI		
Calendar Year-To-Date Per Election for Office Sought 38962.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ 		
Full Name of Payee Tradewinds Consulting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount 863.85		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.18758		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: HUNT, WESLEY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: 07 State: TX		
Calendar Year-To-Date Per Election for Office Sought 45814.11			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ 		
(a) SUBTOTAL of Itemized Independent Expenditures			1727.70		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 184 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount 863.85		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.18760		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 46677.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount 863.85		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.18764		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: NEHLS, TROY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 30295.61			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			1727.70		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 185 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">863.85</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.18765 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production / Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose KULKARNI, SRI PRESTON, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">31159.46</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 22 State: TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">863.85</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.18769 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production / Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose COLLINS, GENEVIEVE D, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">32027.79</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 32 State: TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1727.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 186 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination 09 / 11 / 2020		
City Ashburn		State VA	Amount 863.85		
Purpose of Expenditure Printing / Production / Postage		Zip Code 20148		Transaction ID : SE.18770	
Category/Type 		Date of Disbursement or Obligation 09 / 11 / 2020			
Name of Federal Candidate: ALLRED, COLIN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			32891.64		
Office Sought:			<input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Disbursement For:			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Disbursement For: 2020					
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination 09 / 11 / 2020		
City Ashburn		State VA	Amount 863.85		
Purpose of Expenditure Printing / Production / Postage		Zip Code 20148		Transaction ID : SE.18774	
Category/Type 		Date of Disbursement or Obligation 09 / 11 / 2020			
Name of Federal Candidate: ROY, CHIP, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			34770.29		
Office Sought:			<input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Disbursement For:			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Disbursement For: 2020					
(a) SUBTOTAL of Itemized Independent Expenditures			1727.70		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			Date 10 / 20 / 2020		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 187 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 863.85		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.18776 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: DAVIS, WENDY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 35634.14			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 863.85		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.18781 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2020		
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 96232.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			1727.70		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 188 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> <div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> <div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> <div>09 / 11 / 2020</div>
Mailing Address 21850 Inglewood Ct.			Amount <div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> <div>863.85</div>		Transaction ID : SE.18782
City Ashburn		State VA	Zip Code 20148	Date of Disbursement or Obligation <div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> <div>09 / 11 / 2020</div>	
Purpose of Expenditure Printing / Production / Postage			Category/Type <div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div>		
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought			<div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> <div>97096.63</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> <div>09 / 28 / 2020</div>
Mailing Address 21850 Inglewood Ct.			Amount <div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> <div>10071.14</div>		Transaction ID : SE.21689
City Ashburn		State VA	Zip Code 20148	Date of Disbursement or Obligation <div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> <div>09 / 28 / 2020</div>	
Purpose of Expenditure Printing / Production / Postage			Category/Type <div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div>		
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			<div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> <div>1155906.95</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				<div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> <div>10934.99</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div>	
(c) TOTAL Independent Expenditures				<div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <div><div>M M</div> / <div>D D</div> / <div>Y Y Y Y Y Y</div></div> <div>10 / 20 / 2020</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 189 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 10071.14		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.21691 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 1165978.09			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 1229.40		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.21698 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 109332.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			11300.54		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 190 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn		State VA	Zip Code 20148		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 		Amount 1229.39	
Name of Federal Candidate: CUNNINGHAM, CAL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 110562.15			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn		State VA	Zip Code 20148		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 		Amount 1229.40	
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 131299.94			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			 2458.79		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 191 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 1229.39		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.21708 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Name of Federal Candidate: KELLY, MARK, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: AZ		
Calendar Year-To-Date Per Election for Office Sought 132529.33			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 1229.40		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.21715 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Name of Federal Candidate: DAINES, STEVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MT		
Calendar Year-To-Date Per Election for Office Sought 32860.91			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			2458.79		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 192 OF 198
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn		State VA	Zip Code 20148		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 		Amount 1229.39	
Name of Federal Candidate: BULLOCK, STEVE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 34090.30			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn		State VA	Zip Code 20148		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 		Amount 1229.40	
Name of Federal Candidate: JAMES, JOHN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 140184.82			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ 			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
(a) SUBTOTAL of Itemized Independent Expenditures ▶ 2458.79					
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ 					
(c) TOTAL Independent Expenditures ▶ 					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 1229.39		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.21725 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Name of Federal Candidate: PETERS, GARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 141414.21			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ 		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 1229.40		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.21731 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Name of Federal Candidate: HUNT, WESLEY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 152535.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ 		
(a) SUBTOTAL of Itemized Independent Expenditures			2458.79		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn		State VA	Zip Code 20148		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 		Amount 1229.39	
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 153765.28			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn		State VA	Zip Code 20148		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 		Amount 1229.40	
Name of Federal Candidate: ROY, CHIP, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 107421.86			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			 2458.79		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount 1229.39		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.21741		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Name of Federal Candidate: DAVIS, WENDY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 108651.25			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount 1229.40		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.21748		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Name of Federal Candidate: NEHLS, TROY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 156441.37			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			2458.79		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 1229.39		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.21749 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Name of Federal Candidate: KULKARNI, SRI PRESTON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 157670.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
City Ashburn	State VA	Zip Code 20148	Amount 1229.40		
Purpose of Expenditure Printing / Production / Postage		Category/ Type 	Transaction ID : SE.21755 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2020		
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 200183.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			2458.79		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2020	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1229.40</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.21757 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: VALENZUELA, CANDACE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">201412.72</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1229.40</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.21763 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing / Production / Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: COLLINS, GENEVIEVE D, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">109658.16</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	2458.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee Tradewinds Consulting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 28 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount <input type="text" value="1229.40"/>		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.21764		
Purpose of Expenditure Printing / Production / Postage		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 28 / 2020		
Name of Federal Candidate: ALLRED, COLIN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="110887.56"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/>		
Mailing Address			Amount <input type="text" value=""/>		
City	State	Zip Code	Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/>		
Purpose of Expenditure		Category/ Type <input type="text"/>			
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value=""/>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="1229.40"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value=""/>		
(c) TOTAL Independent Expenditures			<input type="text" value="2029015.90"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 10 / 20 / 2020	